Derbyshire County Council - Adult Social Care & Health Management of Medication and Health Related Activities Procedure – Shared Lives Version 2

Contents

1. Procedure 3
2. Roles and Responsibilities 3
3. Training and Observation 5
4. Medication Risk Assessment 6
5. Capacity and Consent 9
6. Medication in food and drink 9
7. Storage of Medication 10
8. Medication Administration Record (MAR) 11
9. Administering Medication 15
10.Health Related Activities 18
11. Medicines for Emergency Use 19
12. Topical Preparations 22
13. Disposal of Medicines 23
14. Anticoagulant medication 24
15. Medication Audits 25
16. Medication Errors 26
17. Duty of candour 27
18. Will do, Won't do 27
Change History 27
Appendix 1 – Letter to Relatives, Friends or Other Carers Involved in Administration of Medication 28
Appendix 2 - Shared Lives Carer Observational Competency Check Sheet 29
Appendix 3 – Competency Form for Shared Lives Carer Specialist Training 32
Appendix 4 – PRN Protocol 34
Appendix 5 – Covert Administration of Medicines in Food or Drink 35
Appendix 6 – Shared Lives Medication Assessment Record (MAR) 37
Appendix 7 - Medication Administration Check Sheet 39
Appendix 8 Shared Lives Sample Medication Administration Record Sheet 40
Appendix 9 – Emergency Rescue Medication Protocol 41
Appendix 10a – Creams Body Map 44

Appendix 10b – Transdermal Patch Body Map 46
Appendix 11 – Shared Lives Allocated Worker MAR Monthly Audit 48
Appendix 12 – Shared Lives Carer Error Report Form 49
Appendix 13 – Will do, Won't do 50

This guidance will be reviewed on a regular basis – if you would like to make any comments, amendments, additions etc. please email: asch.adultcare.policy@derbyshire.gov.uk

1. Procedure

This procedure considers the following legislation and guidelines:

- The Medicines Act 1968, The Misuse of Drugs Act 1971
- The Health and Safety at Work Act 1974
- The Health and Social Care Act 2008 (Regulated Activities 2014)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12
- NICE guidelines 'Managing Medicines for Adults Receiving Social Care in Community' March 2017.
- Medicines management for people receiving social care in the community Quality standard 24 July 2018
- Controlled drugs in home care - Care Quality Commission
- Delegated healthcare activities Guiding principles for health and social care in England
- Managing medicines: home care providers - Care Quality Commission

The procedure provides guidance for the Derbyshire Shared Lives service. Its aim is to support to promote independence by enabling people to manage their own medicines as far as they are able, ensuring appropriate assistance is provided wherever required.

As a registered provider, the council is responsible for ensuring that there are systems in place to ensure safe and appropriate handling of medicines.

2. Roles and Responsibilities

The roles and responsibilities is only a highlight and further details are contained within this procedure.

The registered provider will:

- ensure systems are in place to promote the safe and effective use of medicines in its Shared Lives settings
- ensure Shared Lives carers have appropriate training available to them and those carers are compliant with that training
- ensure the Regulated Services: Quality Assurance Framework is being applied and adhered to across its Shared Lives Services
- assist in the development of action plans and monitor progress against all action plans developed in response to issues highlighted within residential settings throughout their area of responsibility

- publish national patient safety alerts for services to access

Group managers will:

- ensure that the departmental procedures for the proper and safe use of medicines in Shared Lives settings are implemented throughout services for which they are responsible
- monitor the performance of their service with regards to the management of medication
- delegate actions to the appropriate managers within their service to ensure compliance with this procedure
- maintain knowledge of this procedure

The Shared Lives Registered manager will:

- ensure the requirements of this procedure are being applied across the Shared Lives service.
- ensure the Quality Assurance Framework is being applied and adhered to
- across the Shared Lives services
- take appropriate action where an issue with compliance is identified
- ensure the allocated workers for every Shared Lives carer have completed the required training and to be confident in assisting with medication administration as documented in the individuals' Service Plan.
- that assessments are completed, and support is provided to the required standard.
- the correct and appropriate auditing tools are in place to prevent and manage medication errors, address training issues, implement change as required to improve ways of working.
- escalate any concerns regarding the safe management of medication to the quality and compliance team and the appropriate group manager

Shared Lives Allocated Worker

The allocated worker.

- complete an assessment of a person's need for medication when they are matched to a Shared Lives carer.
- The support required is detailed in the personal service plan (PSP) which must be reviewed every 12 months or whenever there is a change in need
- must be satisfied that the Shared Lives carer understands the guidance set out in

the PSP.

- allocated worker must involve health professionals where appropriate
- ensure MAR are returned and are audited
- where errors are reported/found that these are recorded on the Incident and Action Record
- maintain knowledge of this procedure and attend relevant medication training
- complete PRN protocols and risk assessments
- specialist training is put in place and detailed in the Service Plan

Shared Lives Carers will

- follow all guidance set out in this procedure and the person's PSP
- report any concerns or changes in presentation to their allocated worker
- accurately complete and update the MAR where this is required.
- ensure that the person they are supporting takes their medication with them should they go to day care, or to stay in respite
- complete the mandatory training.
- inform their GP/health professional if the person to whom they are providing support refuses to take prescribed medication
- inform their allocated worker of any medication changes and changes to who supports with medication.
- inform their allocated worker if the person to whom they are providing support refuses to take certain prescribed medication.

The allocated worker must ensure that the letter at Appendix 1 is sent to any informal/unpaid carers involved in providing the person with support to take their medication.

The allocated worker must involve health professionals where appropriate.

3. Training and Observation

All Shared Lives carers must complete all mandatory training related to medication practices within the agreed time frame.

The allocated worker will complete an observation of the practice of the Shared Lives carer which will be recorded on the form at Appendix 2 as part of the induction process and will repeat this on an annual basis. Records around training and observations will be stored for each Shared Lives carer.

Specialised Training

The training referred to above does not cover specialised or other health related activities including, administration of medication via a percutaneous endoscopic gastrostomy feeding tube (PEG), use of oxygen, stoma care, etc.

Where the Shared Lives carer is required to comply with any health-related activities the following must be in place:

- training must be provided by a specialist health care professional
- the Shared Lives carer must be assessed by that health care professional as competent to carry out the task and this must be recorded on the template at Appendix 3
- where able, the person consents to the Shared Lives carer providing the specialist medication help, as identified in the personal service plan.
- Where a person lacks capacity to consent the principles of the Mental Capacity Act 2005 must be applied
- clear roles and responsibilities are agreed by the specialist health care professionals and the Shared Lives carer, and this is recorded in the individual's personal service plan.

4. Medication Risk Assessment

People must be encouraged to self-administer and maintain independence

A Shared Lives carer must only support a person with medication following an assessment and only as part of an agreed written personal service plan. The plan must describe in detail what support is required for ordering, storage, administration, recording and disposal of medication.

Where unpaid carers, such as relatives or friends also assist the person with medication, it must be clearly stated in personal service plan including who is responsible for medication at specific times. A person's medication assessment record (MAR) must be coded appropriately by all individuals who provide support with medication.

The medication assessment must take account of any part of the process which the person can manage for themselves.

The prescriber must write clear instructions on the prescription. The reason for the medicine as well as the dose range and the maximum dose must also be known.

If there are any queries around the medication the Shared Lives carer must contact the prescriber to confirm the correct medication. Shared Lives carers must not support with medication until it is safe to do so.

Supporting with Prescribed Medication

The medication assessment, (as detailed in the individuals PSP) must indicate the level of support the person requires. This must be reviewed on an annual basis, or earlier when there is a change of circumstances or cause for concern.

Shared Lives carers can provide the people they are supporting with the following levels of support which must be clearly identified in the personal service plan.

There are four levels of support that may be required:

Order & Collect

This support is offered when the person takes responsibility for their own medication, but the Shared Lives carer supports the person to ensure they have the required medicine to take:

- requesting repeat prescriptions from the GP
- arrange delivery or collecting medicines from the community pharmacy
- checking for any discrepancies from the order and those supplied and query with supplying pharmacy before handing over to person
- disposing of unwanted medicines safely by return to the supplying pharmacy

This level of support does not need to be recorded on a Medication Administration Record (MAR) only the PSP.

Prompt

A prompt is offered when the person takes responsibility for their own medication, but the Shared Lives carer helps with:

- a reminder or prompt from Shared Lives carers to the person - where there is a risk that the person would not take medication without this support,

This should be recorded as ‘prompt’ on a MAR using therelevant code

Assist

The person takes responsibility for their own medication but requires assistance from the carer to:

- preparing medicines such as dissolving soluble aspirin in water –
- the person **must** hand the required medication to the Shared Lives carer for preparation
- reading the label to remind the person of the correct dose for their medication.
- manipulation of a container e.g., shaking and opening a bottle for the person to self-administer - this does not include selecting the medication
- handing the person, a compliance aid if filled by the pharmacist and properly labelled

This should be recorded as ‘assist’ on a MAR using the relevant code.

Administer

Administration is offered when the Shared Lives carer:

- takes the medication out of its original box/bottle and hands it to the person
- selects and measures a dose of liquid medication for the person to self-administer immediately
- physically helps the person to take the medication
- observes that the medication had been taken
- administers and/or applies medication creams/ointment/patches, inserts drops to ear, nose, or eye(s), and administers dosed inhaled medication.

Administering medication should be recorded by using the pop and dot method and a signature on the MAR at the exact time of administration.

These lists are not exhaustive, and other types of support may be required with pre-discussion and authorisation with Shared Lives.

Carers should raise any concerns about a person's medicines with the allocated worker. These concerns may include:

- the person declining to take their medicine
- medicines not being taken in accordance with the prescriber's instructions
- possible adverse effects (including falls after changes to medicines)
- the person stockpiling their medicines
- medication errors or near misses
- possible misuse or diversion of medicines
- the person's mental capacity to make decisions about their medicines
- changes to the person's physical or mental health.

Controlled drugs

The controlled drugs belong to the person and unless the assessment highlights a need, there is no legal requirement for these medicines to be treated differently or stored separately from other medicines.

The medication risk assessment must include if the person is prescribed controlled drugs. If you are responsible for ordering and collecting medicines for a person you must document this in their personal service plan.

Carers collecting controlled drugs from a pharmacy may be asked to provide personal identification.

Controlled drugs list

You can find up to date information with regards to named controlled drugs on the government website.

5. Capacity and Consent

People with capacity to make decisions about their medication retain responsibility for and control of their medication but may require varying levels of support to take it and to store and dispose of it safely.

Where it appears that the person may lack capacity to make decisions about their medication, the procedure set out in the Mental Capacity Act 2005 and subsequent legislation must be followed to assess capacity and support decision making.

If an assessment confirms that a person does not have capacity, a best interest decision must be made in consultation with any lasting power of attorney (LPA) health & welfare, family and relevant health professionals.

Even where written consent to administer medication or carry out related tasks is held; Shared Lives carers must seek the individual's consent each time support is provided.

6. Medication in food and drink

Where a person has capacity but requires that their medication is placed in food or drink e.g. swallowing difficulties, this must be discussed and agreed with the prescribing professional to ensure there are no alternatives. The suitability of these medicines to be given this way must be verified with the pharmacist and the Allocated Worker must be notified and written into the individuals personal service plan and case noted.

Covert Medication

Where a person lacks capacity, and a best interest decision has been made by a medical professional that a prescribed medication should be administered covertly, the medical practitioner should provide the authorised documentation giving guidance on administration. If this is not provided, then the 'Covert Administration of Medication in Food or Drink' template (Appendix 4). Any guidance must be completed and signed by the appropriate relevant health care professional and stored alongside the MAR.

A best interest decision must be made for each person's medications that will be given covertly. covert methods must only be used in exceptional circumstances, and when all other suitable options have failed – details of previous methods tried must be recorded in the carer notes on the reverse of the MAR.

The best interest decision must identify that it is the least restrictive option and include:

- details of the medication which is to be administered covertly and the benefits to the person
- whether covert administration will occur during each administration or whether this may fluctuate - if it's identified that this is not a regular process, it must detail when covert administration will be used - the administration process must then be recorded on the back of the MAR so this can be reviewed.
- Covert medication must be reviewed regularly, at a minimum annually. The support must be recorded in the medication risk assessment in the PSP.

Medication Purchased by or on Behalf of People Using the Service

Individuals and their representatives may sometimes purchase over the counter medication. It is a person's right to be able to do so, but it may not be safe. The use of purchased medication in addition to those prescribed by the health care professional may constitute a health risk due to interactions between medications.

Non-prescription medication includes herbal remedies, vitamins, or medicines you can buy over the counter, such as cough syrup or paracetamol.

Whilst the purchase of medication may take place as a shopping provision, the Shared Lives carer must not offer advice with these medications, including skin treatments, unless stated on the personal service plan.

It is the responsibility of the Shared Lives carer to consult with the person's GP/pharmacist to ensure it is safe to support with the medication. It is advisable that all prescriptions and non-prescription medication is obtained from the same pharmacist. They can then give advice if over the counter medication would interact with their regular medication.

Under no circumstances should support be offered with non-prescribed medication without guidance from the person's GP or pharmacist. Shared Lives carers are responsible for documenting advice given from the pharmacist/GP regarding over the counter medications. All advice given must be logged on the back of the MAR chart in the carer notes.

Shared Lives carers should refer to the box or patient information leaflet (PIL) for the recommended number of days/doses the medication can be taken, before medical advice needs to be sought.

If support is required from a Shared Lives carer with over the counter medications, a MAR will need to be completed.

Moisturising Creams, Body Lotion and Sun Cream

Where people have been using certain brands of cream i.e., moisturising creams for general personal care, it is acceptable for Shared Lives carers to continue this care. This will be recorded in the personal service plan.

If the person chooses to change the brand or type of cream, Shared Lives carers must ensure they do not contain ingredients that the person is allergic to.

Should a person have an allergic reaction to a particular cream, they should discontinue using it and the GP informed. The allocated worker should be notified, and it must be added to the personal service plan.

7. Storage of Medication

Medicines must be stored as advised on the label and where they are readily accessible to the person/Shared Lives carer as appropriate.

Should medication need to be stored securely or out of the reach of the person, the allocated worker must ensure that the personal service plan include this and that information on their location is available.

Medicines must be kept out of the reach of children.

All medicines must be stored away from children living in or visiting the Shared Lives carers home.

The hiding of medicines will only occur where the medication assessment indicates this is needed to protect the health and safety of the person. In some cases, it may be necessary to have a lockable container to prevent inappropriate access to medicines in the home. A decision to hide medication must be made in accordance with the principles of the Mental Capacity Act 2005 (MCA) where a person is assessed as lacking capacity to make a decision about safe storage of their medication.

The medicines must be stored in the original packaging or compliance aids supplied and labelled by the pharmacists.

Medicines must not be separated from the pharmacy label.

Medication/drops/lotions/creams etc. have a shelf life and containers are marked with an expiry date.

Out of date medication must not be used; must be returned to the pharmacy by the Shared Lives carer as appropriate and recorded on the MAR.

Medication must be stored at room temperature which does not exceed 25 degrees C unless stated otherwise on the original container.

Fridge line storage

Those which require cold storage must be identified by the supplying pharmacy and delivered in a container clearly labelled, ‘FRIDGE LINES’. These must be placed immediately upon delivery into the medicines fridge in order to maintain the ‘cold chain’. Medication stored incorrectly can cause it to deteriorate, particularly if it is exposed to heat and light sources.

It must be noted that people may choose not to act on the advice given regarding the correct storage of medication, this needs to be respected but must be recorded and reported to the allocated worker and discussed with the relevant health care professional for further guidance. If it is agreed that the medication can be stored in this way, it must be recorded in the personal service plan.

8. Medication Administration Record (MAR)

A MAR is a legal document which will be taken as an accurate record of all medication administered. The MAR will be referred to for evidence by statutory bodies such as coroner or the Care Quality Commission (CQC). These documents are for the protection of Shared Lives carers as well as for the people to whom they provide support, all support with medication, irrespective of the format, must be recorded at the time of administration.

All support with medication, irrespective of the format, must be recorded at the time it is provided, by the person who provides it. A MAR must be kept in the person’s home with the PSP.

A MAR must be kept in the person’s home with the personal service plan.

MAR should detail the following information:

- Person’s details: Full name, date of birth, known allergies or sensitives, address,

and GP information

- Medication details:
- Names of each medications prescribed (including creams), strength of medication, dosage, form (e.g. tablet), route (sometimes stated if not oral medication) how often it is given, time to be taken, and any special instructions on how the medication should be taken.

In some areas the pharmacist will provide a MAR when the prescription is dispensed. Where a pharmacist is unable to provide a MAR the blank MAR, Appendix 6 must be completed.

The pharmacist may agree to use the DCC blank MAR by attaching the dispensing labels securely on to the sheet, photocopying it and returning it along with the medication. Where they will not do this, please refer to the handwritten entry section on how to complete the MAR.

Where a pharmacist is unable to provide a MAR, the blank MAR must be completed by the allocated worker or carer. Where there are handwritten entries, these must be double initialled. The counter initials can only be carried out by someone who has been trained and assessed as competent (NICE guidelines).

Where there is an urgent requirement and there is no second person available then during normal working hours the carer will write the MAR and then speak to a Shared Lives worker to verify this has been transcribed correctly. Out of normal working hours a photo should be taken of the prescription label and MAR to act as evidence.

Carers must ensure that when that when they initial the MAR it is legible and does not encroach into the adjacent boxes.

It is very important that MAR is kept up to date. Prescribing professionals are required to follow good practice requirements when changing prescribed medication:

- by updating the MAR and initial the change when they visit
- by alerting the pharmacist to make them aware of the change
- by arranging the collection and dispensing of the medication

If medicine changes are received verbally to a carer then the following must be followed:

- recording details of the requested change (including who requested the change, the date and time of the request, and who received the request) in the carer notes
- reading back the information that has been recorded to the prescriber requesting the change to confirm it is correct (including spelling the name of the medicine)
- asking the prescriber requesting the change to repeat the request to someone else (for example, to the person and/or a family member or carer) wherever possible. Alternatively, the phone can be on ‘speaker’ so the second person can hear the directives being given.

This will mean for a limited period the MAR and label may/will not align. This is only where there is an urgent need for this change

The health professional making the change must ensure the ongoing prescription is updated. This must be requested without delay and instruction sent to the relevant pharmacy.

As soon as the new prescription is ready to collect/delivery this must be put in place to ensure the label and MAR match and previous stock returned.

If the medication is only suspended for a short period then on the first day use the O for other code, or most relevant code, and write in the carer notes the reason and put a clear line though the appropriate number of days in the MAR.

Any concern that doses are being given by others and not recorded, must be reported by the Shared Lives carer to their allocated worker immediately.

Shared Lives carers must send completed MAR to the Shared Lives office using the pre-paid envelope every month.

The registered manager must ensure completed MAR are securely retained and scanned on to the person's electronic social care record. Systems must be in place to ensure any gaps or other errors are investigated as soon as possible; this must not be left until MARs are reviewed/stored.

Use of Initials and Codes on the MAR

The codes used on MAR can vary with different codes representing different actions. The code used on any individual MAR MUST accord with the 'key' on that specific MAR. Any errors in coding must be picked up as soon as possible and during all audits and recorded as a medication error, see section 12.

Where family/informal carers are regularly supporting this must identified in the PSP and encouraged to sign the MAR. Where support has been provided by family and they have not signed, this will be indicated by the next worker using the relevant code and carer note on the MAR.

When the person is away e.g. social leave, hospital admission, this must be coded on the MAR. The code used may vary but a note must be made in the carer notes to explain the period of absence MAR must only be initialled by Shared Lives carers if administering medication otherwise the appropriate code must be used.

There must be no gaps on the MAR where medication is administered, or support is offered. If there is a gap on the MAR for a regularly prescribed medication this may indicate a dose of medicine has been missed. The Shared Lives carers MUST NOT offer a double dose, advise should be sought from the relevant health care professional, and details of which must be clearly recorded on the back of the MAR.

Shared Lives carers must only record when they have supported with medication.

If more than one Shared Lives carer is involved in the support of the medication for the individual, it is the responsibility of the carer who actually provides the support to record appropriately on the MAR

Family carers involved in supporting the individual with their medication are required to either initial or appropriately code the MAR. The person responsible for each dose of medication must be clearly identified. Appendix 1 – letter to relatives.

Where a person visits a Shared Lives short break carer for a period of respite, the MAR currently in use, along with the medication in the original packages with the Patient Information Leaflet must go with them, to ensure a continuous record is kept.

Medication prescribed to be taken at a specified time and frequency:

- the 'not required' code is NOT appropriate to use in relation to medication prescribed to be taken at a specified time, frequency and dose
- the 'declined' code must be used where a person does not take a medication prescribed at a certain time

Whenever a code is used for prescribed medication, it must be accompanied by a carer note where there is an explanation for safety and accountability is required, to identify whether a pattern is occurring e.g. declined, not required or other. If the reason is routine then no carer note required e.g. sleep, hospital.

Where it is identified that the wrong code and/or required carer note is missing then an Incident and Action Record for medication errors must be completed.

As and When Required Medication (PRN)

Some medication will only be required to be taken as and when needed e.g. painkillers.

Where this applies it should be recorded on the personal service plan and the PRN protocol must be completed using Appendix 4 and in place recording the following information:

- medication prescribed
- signs that the medication is required
- what to try before giving medication and how long to wait
- capacity/best interest
- how to administer
- dose per administration and frequency
- minimum time between doses
- maximum number of doses in 24hrs
- possible side effects
- special precautions/monitoring

The MAR must be completed with the appropriate code when the medication has been offered but not required and initialled for when it has been taken.

Where a person lacks the capacity to identify when PRN medication is required e.g. due to dementia, the medication assessment must include the behavioural indicators that the person may display when they need the medication. Advice and guidance may be sought from GP or identified specialist health care professional.

If there is an option to give one or two tablets, (appendix 8b example MAR) explains the correct recording of a variable dose(s).

Instructions such as ‘when required’ should be expanded with a reason, e.g. ‘as and when required for pain’. All instruction recorded on the pharmacy label must be copied over exactly as written onto the MAR Sheet.

9. Administering Medication

Only give medicine to the person named on the label of the original container/compliance aid dispensed by the pharmacist.

Compliance aids i.e. Dossett Boxes filled by families/carers must never be used under any circumstance.

Prior to any assistance being provided, Shared Lives carers must check all the details on the pharmacy printed label and cross reference this information with the MAR. The guidance at Appendix 7 is a useful reference when administering medication and a copy should be kept along with the MAR in the front of the persons medication folder in the home.

If there are no directions on the label refer to the pharmacist. Do not support with the medication until the problem has been resolved.

All support provided must ensure compliance with ‘The 6R’s’

- right person
- right route
- right time
- right dose
- right medication
- right to refuse

Any concern about a person and their medication must be reported to the GP during surgery opening times. Out of GP Surgery working hours the Shared Lives carer will need to call 111 or in an emergency call 999 and record advice given on the back of the MAR Sheet.

Supporting with Medication

Whenever supporting with medication, Standard Infection Control Precautions (SICP) must be adhered to:

- wash and dry your hands before and after any task
- where suitable facilities are not available approved wipes or solutions must be

provided

- wear disposable gloves and aprons and dispose of after each task
- cover all cuts and abrasions with a waterproof dressing

Shared Lives carers must wash and thoroughly dry any utensil that may be required e.g., medicine spoon or pot. Only purpose-made calibrated pots/spoons should be used to administer medication.

Once dispensed a small dot must be marked on the MAR as the medicine is selected. When the medication has been observed as taken, this is overwritten by the initial of the person administering. This is referred to as the ‘pop, dot, sign’ technique.

People should be asked to sit upright or to stand when taking tablets or capsules to reduce the possibility of the medicines sticking in the oesophagus (gullet). A Shared Lives carer should not attempt to assist with oral medication for a person who is in a prone position (lying down).

For the same reason, tablets or capsules should be swallowed with at least half a glass of cold water, hot drinks should be avoided as many medicines can be affected by heat.

If people have difficulty swallowing the medication it may cause them to refuse, conceal or chew their tablets, if this occurs the Shared Lives carer must discuss with a health care professional and notify their allocated worker.

Shared Lives carers MUST NOT crush tablets without written confirmation from the health care professional as this could affect how the medication works.

Patient Information Leaflets (PILs)

Pharmacists must supply a patient information leaflet for each medicine supplied and this must be retained with the medication. This includes medicines supplied in monitored dosage systems.

Dissolvable/Dispersible Medication

Medication which is to be dissolved before administration should be put into a glass of water and follow the guidance on the patient information leaflets (PILs) on the amount of water needed. If appropriate stir the solution before handing to the person.

It should be noted that some tablets do not completely dissolve but DISPERSE. These should be added to a smaller volume of water (see PILs), allowed to break up and disperse and the liquid should be swirled around before handing to the person to ensure that no particles are left in the bottom of the glass.

Liquid Medication

Liquid medicines should be selected in the same way as tablets and capsules, the label being checked against the MAR. The bottle should be shaken well, and the dose poured into a small medicine pot whilst on a flat surface and handed to the person. For small doses of liquid medication, the pharmacist must provide a measuring syringe. When administering via a measuring syringe, the syringe contents must be gently dispersed into the side of the mouth to prevent choking.

Medication and falls

Some medications are more likely to be associated with falls and those people on four or more medications, or taking a central nervous system suppressant, e.g., sleeping tablets or antidepressant, are at greater risk. This should be clearly identified in the falls risk assessment.

Time sensitive medication

Some medicines need to be given at a certain time to make sure they are safe or work effectively. Examples of these include medicines that:

- should be given before or after food
- contain paracetamol
- are prescribed to help mobility for people with Parkinson's disease
- should be taken at the same time each day to maximise their effectiveness. For example, warfarin, oral contraception, antibiotics and insulin
- Warfarin and other anticoagulants

Further information: Time sensitive medicines - Care Quality Commission

Paracetamol

Where the person weighs less than 50kg, this should be highlighted on the medication risk assessment and the amount of Paracetamol administered over a 24hr period will be less. It is important to seek advice from the prescribing health care professional or pharmacist before administering so that the correct dose is administered and the MAR amended accordingly.

It is also important to be aware of any other medication the person is taking which contains paracetamol such as those bought over the counter by family/friends e.g. cold remedies so that the dose administered in total does not exceed their recommended allowance.

Cutting or crushing

Occasionally tablets may need to be cut in half, when this is required a specific tablet cutter must be used which is washed and thoroughly dried after each use. Where this is required longer term the pharmacy must provide these precut.

Tablets that have written confirmation to be crushed by the health professional must only be carried out with a specialist tablet crusher. This should be specific to the person where possible and washed and dried thoroughly after use.

Enteral feeding

Enteral feeding tubes provide access to the stomach or small intestine, these include:

- nasogastric (NG): a tube passed through the nose directly into the stomach
- percutaneous endoscopic gastrostomy (PEG) or radiologically inserted

gastrostomy (RIG): a tube inserted through the abdominal wall directly into the stomach

- nasojejunal (NJ): a tube passed through the nose directly into the jejunum (small intestine).

Medicines administered through enteral feeding tubes are often not licensed to be given this way. The prescriber or appropriate healthcare professional needs to give:

- clear authorisation to administer medicines in this way
- information on how the medicines should be prepared and administered safely

When you are assessing a person's medicines support needs you should check whether they are still able to take their medicines orally, even if they are receiving food through a tube. This could be in their original form or after crushing or dissolving if appropriate. Not all tablets or capsules are safe to crush or open. You should only prepare them in this way if an appropriate healthcare professional can confirm that it's safe to do so. Refer to Appendix 7 ‘Will do Won’t do’.

The person should give consent before administration, but if they lack capacity and do not know they are being given medication this must be treated as covert administration and the process carried out in line with the Mental Capacity Act 2005.

Administer each medicine individually. You should give the person a flush of water before and after administering, and between each different medicine. This will prevent any incompatibilities between the different medicines, or the feed being given. You should clearly record the volume of flush needed each time. Your record should take into consideration if the person is fluid restricted.

Nutritional supplements

Supplements can be prescribed by a health professional or bought over the counter. Medical advice must always be sort before supporting with the administration of these and the information recorded in the PSP and on the MAR and initialled as per this procedure.

Thickeners

The persons IDDSI level must be recorded on the PSP and workers must follow the prescribers’ directions of use. Any changes to the person’s ability to swallow must be reported. Thickener is classed as a dietary product that is added to food and drink and does not require the administration to be recorded on a MAR. Further information can be found on the CQC’s webpage Dysphagia and thickeners.

10.Health Related Activities

It is the person administrating the medication that has responsibility for other health related tasks such as eye drops, inhalers, PEG feeds, Stoma Care, rescue medication etc. The person administering must complete relevant training.

Full-time Shared Lives carers are required to support individuals to medical and health appointments as and when necessary. This includes annual Learning Disability and Medication reviews. Shared Lives carers are responsible for promoting equality in health care by encouraging individuals to attend their health-related appointments.

Eye/ear/nose drops

Shared Lives carers must write the date of opening on the bottle and record this date on the MAR sheet. Once opened these must be discarded after 28 days. Check the expiry date on the bottle prior to opening. Any bottles without a record of date opened must be discussed with the pharmacy to ascertain whether it is safe to administer or if repeat prescription will be required.

11. Medicines for Emergency Use

Supplies for prescription medicines for emergency use must only be used for named people e.g. glucagon injection for diabetic, midazolam for epilepsy and EpiPens for anaphylactic shock. A PRN Protocol will need to be in place for these medications.

All Shared Lives carers must be up to date with relevant first aid training.

Rescue medication inside the mouth (Buccal)

Where it has been identified that Shared Lives carers are supporting people with epilepsy, they must undertake the epilepsy awareness training which is on the Derbyshire Learning Pool training system. This training does NOT enable the carer to carry out and follow an agreed rescue plan but gives them a basic awareness of epilepsy and what to do should a seizure occur whilst they are supporting the person e.g., first aid and contacting the emergency services.

Should a person suffer from frequent seizures, and it has been discussed and agreed with the health care professional and Allocated Worker that a Shared Lives carer can support with a rescue plan which should be recorded on the protocol at Appendix 9. Additional specialist training and competency observations will be required in this case.

EpiPens

EpiPens must remain with the person at all times. If it is identified via the risk assessment that it’s unsafe for the person to retain the medication it must be stored in an agreed place as identified within the assessment.

Training is required from a health care professional who will need to complete the competency form for specialised training (generic) at Appendix 3.

Medicinal Oxygen

If a health care professional prescribes oxygen, they will organise the supply, dependent on the system used. They will provide information and/or instruction with regards to how it must be used. It is important to ensure the storage instructions provided by the supplier are followed. Where oxygen is in place and is being operated by Shared Lives carers a risk assessment

must be completed by the Shared Lives allocated worker. This must include where oxygen is to be transported.

It will need to be ascertained whether the oxygen system in place has a high or low-pressure output, this information can only be obtained by the health care professional involved. If it is high pressure then it is classed as an aerosol generating procedure (AGP), therefore the carer(s) may need to be 'fit' tested with suitable masks before providing support. The allocated worker will take the required steps to ensure any fit testing required is completed.

Side Effects/Adverse Reactions

All drugs have some side effects, most of which do not cause problems the detail of which can be found in the PILs. Should concerns arise, the Shared Lives carer should note whether any new medicine or change of dose to existing medicines have occurred and refer to the possible side effects. The Shared Lives carer should discuss with the GP, pharmacist or nurse as appropriate and notify their allocated worker.

Occasionally a person may suffer an adverse drug reaction (or interaction). Particular care must be taken to observe people when a new drug is introduced, and any adverse reactions must be reported immediately to the health care professional.

Person Consuming Alcohol or Using Illicit Drugs

No medicine should be administered with alcohol or given to a person known to have consumed a large amount of alcohol. It is important that the GP is made aware of any person consuming regular considerable quantities of alcohol and the possibility of interactions between any prescribed medicines and alcohol should be confirmed with the pharmacist.

Should a person appear to be under the effects of alcohol or illicit substances the Shared Lives carer must seek advice from the relevant health care professional as to whether the medication should be given. Details of this must be recorded on the MAR sheet and reported to the Allocated Worker.

It is a person's own decision to drink alcohol or use illicit substances. A risk assessment should be compiled where a risk is identified in relation to alcohol use or illicit substances and medication with clear guidance for Shared Lives carers. Should a person request an alcoholic drink with medication, this must be refused and reported to the GP or pharmacist and the Allocated Worker.

Spoiled Doses

A single spoiled or refused dose should not be returned to the container. It must be placed into a small envelope, food bag, disposable glove with the details recorded on the back of the MAR sheet and placed into a safe cupboard awaiting to be returned to the pharmacy. Another tablet must then be administered, and another tablet will have to be ordered to replace the spoilt dose.

If the person requests that a spoilt dose is not destroyed (e.g., after having been dropped on the floor) and that the dose be administered the details must be recorded on the back of the person's MAR sheet.

Blister Packs

Where blister packs are provided to promote the person's independence to self-administer and we are not involved as stated in the medication assessment, a MAR sheet would not be required.

Where possible the medication will need to be transferred to the original container if support with administration is required on a long-term basis and a discussion must be held with the pharmacist.

Most pharmacists do not provide MAR sheets when a blister pack is in place. If this occurs, it can be overcome with DCC blank MAR sheets at Appendix 6.

A blister pack which contains multiple tablets must have a description of each tablet on the blister. If the person refuses any tablet from the pack the Shared Lives carer will be able to identify the tablet being refused. Under these circumstances a record that describes the colour, size, shape of the tablet being refused will need to be included on the back of the MAR sheet.

Some tablets are not compatible with a blister; the pharmacist will advise where this is not appropriate.

Shared Lives carers must never administer medication from blister packs if they appear to have been tampered with. This includes packs that have been altered by a pharmacist and taped back up.

Declining medication

It is a person's choice not to take medication. If there is no indication that they lack capacity to make this decision then they cannot be coerced or forced in any way, but some degree of encouragement can be given. It is important that those administering medication understand the condition for which the medication is prescribed and the possible consequences if it is not taken.

If the person is deemed to have capacity and are declining medication, it is important to understand the reasons for this, and to ensure the person understand the medication need and potential consequences.

People who are deemed to lack capacity may decline to take their medication and this could be on a fluctuating basis. It may be appropriate to reapproach the individual on a number of occasions during the course of the call. Person centred approaches must be documented in the medication risk assessment to support successful administration. The health professional will decide which medication is prioritised based on the person's needs, potential risks and benefits.

If a person declines to take medication, the workers must record using the appropriate code on the MAR along with details of the refusal on the back of the MAR (Appendix 3a/Appendix 3b). Where there are ongoing issues, this must be reported to the ESL/DSO and they can contact family and/or advice must be sought from the relevant healthcare professional and acted upon.

Person Unwell

Should the person appear to be unwell, distressed, or not their usual self the Shared Lives carer must contact the persons GP or, if unavailable, contact 111. Guidance must be sought as to whether any medication that is due should be offered to the person. The Shared Lives carer must notify the scheme and record the appropriate code on the MAR sheet.

Hospital Admission

If a person is admitted to hospital, it is important to ensure that the person's medication goes with them. This is usually asked for by the ambulance staff. All medication that has been taken with them must be recorded by the Shared Lives carer in the person's notes and reported to the allocated worker.

12. Topical Preparations

Creams/Ointments/Lotions

Medicinal creams, ointments and lotions must be stored and administered in accordance with instructions.

The MAR sheet and labels on products for application to the skin must indicate the areas of the body to which it should be applied. This is particularly important if a person has several different creams, ointments, or lotions. The area must also be indicated on the body map, Appendix 10a and must be kept updated as changes occur.

The date opened must be recorded on the tube/bottle as the outer box may be discarded. Creams in pots must be discarded if they appear to be contaminated, or if you have any other concerns about their appearance, or if the lid has been left off for any indeterminate period. Expiry dates must be checked at each use. Where Shared Lives carers are uncertain of the shelf-life of a particular medicine once opened, they must check the information supplied with the medicine or contact a pharmacist for advice.

Body charts should be used to clearly identify where topical medicines should be applied. Where physical assistance is provided with skin applications, protective gloves must always be worn.

Apply small quantities at a time and rub in gently to the affected area. Creams must not be applied to broken skin unless under the guidance of the health professional.

Fire Risk from Use of Emollient Creams

When supporting people to use emollient creams, it is important to be aware of the risks.

If using a paraffin based emollient product, and are covering this with a dressing or clothing, there's a danger that smoking or using a naked flame could cause these dressings or clothing to catch fire. There may also be reactions between emollients and fibres of dressings, clothing and items such as towels when used to carry out personal care.

Shared Lives carers must make sure that:

- all emollients are stored securely
- risk assessments reflect the use and storage of emollients and are reviewed regularly
- persons clothing and bedding regularly changed because emollients soak into fabric and can become a fire hazard

Advise people who are using emollient creams of the risks the creams may pose and not to smoke, use naked flames or go near anyone with either of these.

Transdermal Patches

These patches, such as Fentanyl, are used to deliver medication over a period of time.

Transdermal patches for pain is in a class of medications called opiate (narcotic) analgesics which are managed as a controlled drug following the agreed procedures.

There are other transdermal patches available, refer to PILs for further information.

The area for application must be indicated on the transdermal body map which must be kept updated as changes occur, see template Appendix 10b

The previous patch must be removed prior to applying, refer to body map for last placement. If in the event the patch has come off and you are unable to locate it then you must contact 111 for advice. If a person is removing these then refer to the health professional.

Transdermal patches must be rendered unusable before disposal.

1. wear disposable gloves, following SICP
2. remove from person, fold the patch in half ensuring the side which attaches to the skin is folded in on itself
3. place the patch in a plastic bag or similar
4. dispose of the patch in the plastic bag in the outside household waste
5. remove and dispose of gloves and follow SICP.

13. Disposal of Medicines

Medicines belong to the person for whom they were prescribed or supplied.

Shared Lives carers should not keep an excess of medication in the home as this may pose a risk. The removal of excessive quantities or out of date medicines may only be considered following agreement with the person. Stockpiling and excess of medication could be resolved via pharmacies which offer a prescription collection service. All unused, refused or out of date medication should be disposed of safely and in an environmentally friendly way.

It is recommended that that any unused, declined, spoiled or out of date medication should be put in an envelope or other suitable package and taken to the pharmacy at a convenient time where there is no collection service. A record of the name and quantity of medicine, the name of the person returning the medicine, the date returned and the name of the pharmacy must be recorded on the back of the MAR

If a person declines a **single dose** of liquid medication which has already been poured this should not be returned back to the bottle but washed down the sink using plenty of running water.

Unwanted topical preparations should be disposed of in the same way as the disposal of unwanted medicines and returned to the pharmacy.

Medicines, such as eye drops open longer than 28 days, may be disposed of by placing in household waste, although for environmental reasons a return to pharmacy is preferable.

Needles/sharps

Domestic sharps like needles and syringes cannot go in normal household bins. Free disposal and collection options are managed through the local council, healthcare provider, or participating pharmacies

14. Anticoagulant medication

This medication prevents the blood from clotting and is classed as a high risk and is time sensitive. It is important that all workers know what to do if doses are missed, taken early or late, too many doses taken, side effects, dental treatment, etc. for the specific medication being administered.

It is imperative that the person and workers are made aware of the importance of not missing doses of this medication as the person will have an increased risk of stroke and this will need reporting to their prescribing health care professional urgently. Further information can be found at High risk medicines: anticoagulants.

Warfarin

It is important that people who take warfarin have their prothrombin (clotting) time checked regularly by means of an international normalized ratio (INR) test. This will involve a small blood sample being taken and sent for analysis or done on site. The result of the test will be used to confirm the dose taken or to adjust it if necessary.

Many medicines and a number of foods interact with warfarin and may have the effect of reducing the effect of warfarin or of increasing it. This information can be gained via the PILs or from the dispensing pharmacist and it is important that this information is recorded in the PSP and MAR.

Administration of warfarin

When administering warfarin, the administrator must always refer to the correct dose within the person's NHS anti-coagulant documentation. Under no circumstances must this documentation be recorded on by anyone other than the relevant health care professional.

Written changes to the current dose must be received before being acted upon.

Direct oral anticoagulants (DOACs)

It is important to ensure that the specific PILs are available, and that workers are made aware of the specific administration, monitoring, and recording procedures. The person should have been provided with a DOAC information booklet which must be kept in their MARs.

They should have an anticoagulant card which they must carry with or for them when going out. This card will have the name of the anticoagulant; the condition being treated and the length of treatment.

Further information is available on the Derbyshire Medicines Management Prescribing and Guidelines

Injectable heparins

These are often prescribed for prevention of blood clots after surgery.

Injectable heparins are normally prescribed as pre-filled syringes. The person can administer these by subcutaneous injection. Manufacturers recommend rotating the site of administration.

If a person cannot self-administer the injection, a healthcare professional may administer. A carer may be able to providing they have received the relevant training and been assessed as competent. A care plan should be in place to support this delegated task.

15. Medication Audits

It is a legal requirement to carry out regular medication audits. These audits will identify safe and unsafe practices including areas that need to be addressed.

Daily audits must be completed by Shared Lives carers and consist of:

- a visual check of the MAR sheet by the Shared Lives carer before administering the medication e.g., checking for gaps on the MAR sheet
- all errors found following a daily visual check must be recorded by completing the Shared Lives Carer Medication Error Form, Appendix 12, and the Allocated Worker must be notified as soon as possible

Upon notification the allocated worker will complete an incident and action record workstep.

Monthly audits must be completed by the allocated worker who will:

- carry out a visual audit of the MAR sheets every month and complete a monthly audit recorded on the template at Appendix 11. the completed form must be uploaded to the carer record

- ensure that all MAR sheets that are due each month are received and follow up any with the appropriate Shared Lives carer where MAR sheets are not received
- confirm the audit has taken place in the Master MAR Audit Tracker
- ensure all errors found must be reported by completing the incident and action record on the person's electronic record
- The quality of the monthly audits will be checked as part of the supervision process by the registered manager or deputy.
- Bi-monthly audits must be completed by the service manager in line with the Quality Assurance Framework. Any identified actions will be addressed through this process.

NB: the use of correctional fluid must be treated as an error as this is classed as tampering with a legal document. Correct written mistakes with a single line through the mistake followed by the correction and a signature, date and time.

16. Medication Errors

General Principles:

- Shared Lives carers must report any situation where things have or could have gone wrong
- the full facts must be reported within 24 hours of the error occurring or being discovered and the root cause of the medicine related incident must be determined
- medication errors must be monitored on a regular basis.

Where an error is found by a Shared Lives carer it should be reported to the allocated worker within 24 hours to allow the appropriate action to be taken, including sharing learnings where mistakes are made. In the event of an error occurring in the administration of a person's medication, the following must be completed:

Shared Lives carers must:

- telephone the person's GP or pharmacy (or if out of hours helpline 111) with full details of the incident for a medical judgment of the significance of the incident
- record and follow any advice given by the health care professional contacted; note the person's name, in case you need to refer to them
- complete all sections of the Shared Lives carer medication error report form, Appendix 12 in detail - the form must be completed immediately by the person/s that made/found the error, and the allocated worker notified in a timely manner.
- Circle or use a highlighter to clearly identify the relevant area on the MAR where the error occurred and add a carer note

- discuss with the allocated worker at support and monitoring visits their medication training needs, such as if they require updating or refreshing.

The allocated worker will ensure:

- that errors are reported using the incident and action record on the person's electronic record including and actions carried out or planned
- that they inform the registered manager
- that shared lives carers who report errors are supported.
- that when medication errors are reported or identified, they undertake a fact-finding audit with the intention of ensuring remedial action

The registered manager will ensure:

- the CQC and the council's Quality and Compliance team are notified of a medication error where required.
- that medication error report forms are monitored on a monthly basis, with any trends identified and action agreed
- they follow the Internal Management Review (IMR) process to share learning from incidents to inform updates to procedures and/or processes.

17. Duty of candour

The duty of candour applies at all times and in all cases. So, you must let the person know what has happened.

If you have a safety incident, you should also check Regulation 20 to see if it is a 'notifiable safety incident'. If it is, the regulation also tells you how you must support the relevant people. They could be people who use services or people acting on their behalf.

Registered managers must have oversight of all Incident and Action Record forms before they are finished. When the registered manager is absent then appropriate act for arrangements must be in place.

18. Will do, Won't do

Guidance on other types medication related support carers may be asked to provide and how to do this safety can be found in 'Will do wont do' (Appendix 13)

Change History

Version 1	November 2022	Quality and Compliance	New policy
Version 2	October 2026	Quality and Compliance	Review and update

Link to all Appendix

Appendix 1 – Letter to Relatives, Friends or Other Carers Involved in Administration of Medication

Dear (Name of family member/carer)

If you are involved in supporting (name of person) with either prescribed or non-prescribed medicines, could you please inform the Shared Lives allocated worker so this can be recorded as part of the personal service plan.

All medication that's administered must be recorded on a Medication Administration Record (MAR), which in most cases is provided by the pharmacist upon request.

You must make sure that you fill in the MAR every time you provide support with medication as agreed with the Shared Lives allocated worker. This is to ensure that (name of person) does not miss a dose or receive a double dose of medication.

If you decide to give (name of person) any non-prescribed medicines that aren't in the Personal Service Plan you must check with the doctor or pharmacist first and clearly communicate this information to the Shared Lives carer(s). Non-prescription medicines include medication such as herbal remedies or medicines you can buy over the counter, for example cough syrup.

If you have any concerns about the medication, or any side effects (name of person) is having, please contact their doctor or pharmacist, and again communicate this conversation with the Shared Lives allocated worker.

If (name of person) is having difficulty making decisions about taking their medication, contact the (name of person)'s allocated social care worker who will arrange a mental capacity assessment to be carried out. You must also alert the Shared Lives allocated worker of your concerns. In such circumstances you will be consulted to ensure that any decisions made are in their best interests.

Yours sincerely

Derbyshire Shared Lives Scheme

Appendix 2 - Shared Lives Carer Observational Competency Check Sheet

Service: Shared Lives Scheme	Date:	
Observer:	Position:	
Observee:	Position:	
Observation Details	**Compliant Y/N**	**Action Required**
Is the medication prepared safely prior to administration? • Is there water, beakers, medic pots, lids, spoons and any other equipment needed for the administration The information on the printed Pharmacy label is checked against the MAR. • Liquid medication is shaken and measured on a flat surface. • “Pop and dot” system is used as each medicine is prepared. • Medication is prepared according to the written instructions.		
Is the medication administered according to safe ways of working and following a person-centred approach? • Only prescribed or agreed over the counter medication is administered. • The recipient is clearly identified. • Obtain consent from the individual for the support required. • Use effective communication with the person. • Administer according to the identified support appropriate to the individual’s needs. • Administer as per instruction from the MAR.		

Are creams administered correctly? • Follow infection control procedures. • The MAR and the printed label have been checked. • Body map has been checked. • Expiry date and condition of cream has been checked. • PRN protocol has been referred to where appropriate. • The cream is applied in the privacy of a safe environment in a dignified way. • The MAR is initialled/coded immediately after application		
Are inhalers administered correctly? • Inhaler has been shaken. • Inhalers administered in the correct order. • One puff administered at a time. • Spacer is used correctly. • Drink is offered afterwards.		
Are eye drops administered correctly? • Follow infection control procedures. • Correct technique – one drop at a time. • Clear supportive communication. • Correct use of compliance aids. • Comfort, privacy and dignity is maintained.		
Are infection control precautions used? • Hands washed before and after medication is administered. • None touch technique. • Use of gloves when required. • Use of clean pots. • When the Spacer is washed, it is done in warm soapy water and left to air dry.		
Are MAR sheets signed appropriately and coded correctly? • The MAR is initialled/coded after administration. • Any gaps are identified, recorded and reported. • The correct codes used (not required is **not** the same as refused).		
Do you understand what a medication error is and how to report?		

Any other issues or comments:	
Signed Observer:	Date:
Signed Observee:	Date:

Appendix 3 – Competency Form for Shared Lives Carer Specialist Training

Section A

Name of Person …….…… Date of Birth: ……

PIN: ……

Address: ……

……..

Is Personal Service Plan Completed? Yes / No (If no, complete immediately)

Is Medication Assessment Completed? Yes / No (If no complete immediately)

Name and role of Health Practitioner/manager providing the training/guidance:

……..

Task to be completed ……..

Section B

Elements of the Task:

1. What Personal Protective Equipment is required

2. The steps to take to reduce the risk of cross infection

3. The correct use of the equipment

4. The correct procedure to administer

5. What to look for when monitoring and where to record this information

Section C

I am satisfied that the worker/s listed below is/are competent to perform the specialist task at the time of assessment. All Shared Lives carers will require ongoing monitoring by health professionals.

Name of Shared Lives Carer	Date

Name of Health Practitioner :……

Signature of Health Practitioner: ……Date: ……..…….

Signature of Allocated Worker ……Date: ……..……

I agree to allow the above-named carer/s to perform this task as part of my overall care package.

Signature of person or their legal representative…….

Date: ……

Appendix 4 – PRN Protocol

Person's Name:	PIN:
Capacity: Y / N	DOB:
Start date: Review date:	Type: As and when reviewed / Rescue
Name of Prescriber:	
Medication prescribed (include name, strength, form):	
When should the medication be offered (to include details of any prompts to be given and any nonverbal signs):	
What to try before giving medication and how long to wait (where appropriate):	
Where the medication is stored:	
Dose – to include advice from Prescriber regarding details of variable dosage (where applicable):	
How to administer:	
Minimum time between doses:	
Maximum number of doses in 24 hours:	
Possible side-effects:	
Special precautions/ monitoring:	
Form Completed By:	

Appendix 5 – Covert Administration of Medicines in Food or Drink

Derbyshire Shared Lives Scheme

Name of Person: ……Date of Birth:……

Reason for administration in this way: (e.g., person unable to swallow due to medical reasons).

……
……

The person is unable to understand the necessity to take medicines prescribed for him/her. This matter has been discussed fully with the appropriate health care professional and representative. It has been agreed that it would be in the best interests of the person to administer medicine covertly in food or drink in order to maintain health and wellbeing.

We are not aware of any previous instructions that medicines should not be given in this manner.

Where the person does not have capacity, you must ensure a Mental Capacity Assessment is in place and refer to the Best Interest Decision in relation to this covert medication.

Date of Capacity Assessment: …….

It may be appropriate to instigate a Deprivation of Liberty Safeguards (DoLS).

Medicine Name and Strength	Detailed Method of Administration

(NB the medicine must be added to a small quantity of food/drink to ensure that the whole dose is taken by the person).

The suitability of these medicines to be given in this way has been verified by the GP/pharmacist.

Pharmacist name: …….. Date: ……

Signature: ……..……..…… Date: ……..……

OR

Name of the Health Care Professional……...

Job title ……..……...

Signature: ……..……..…… Date ……..……..……

Shared Lives Carer ……..……

Signature: ……..…… Date…….

Shared Lives Allocated Worker: ……

Signature: …… …….. Date…….

Person Signature (Where applicable): …… …….

Registered Manager: ……..……..

Signature: …… Date: ..……

Persons Allocated Worker……

Signature: ……..… Date……

This will be reviewed on ……..…….. or at an earlier date if the person's situation or condition changes.

To be stored on the person's electronic record and a copy in their personal held records alongside the Medication Administration Record (MAR) sheet.

Appendix 6 – Shared Lives Medication Assessment Record (MAR)

ONLY TO BE USED IF THERE IS NO MAR SUPPLIED BY THE PHARMACY

Name:									**Doctor:**																**DOB:**						
Address:																		**Completed by:**												
Allergies:									**Start Day:**									**Start Date:**									**End Date:**						
		Week 1							**Week 2**							**Week 3**							**Week 4**									
	DATE																															
Medication:	**Time**																															
Quantity received:	**Sig:**			**Date:**						**Brought Forward:**								**Carried Forward:**							**Returned:**				**Sig:**			**Date:**		
Quantity received:	**Sig:**			**Date:**						**Brought Forward:**								**Carried Forward:**							**Returned:**				**Sig:**			**Date:**		
Quantity received:	**Sig:**			**Date:**						**Brought Forward:**								**Carried Forward:**							**Returned:**				**Sig:**			**Date:**		

D - Declined
P - Prompt/remind, e.g., verbally asking if meds have been taken.
Z – Offered but not required (PRN)
A – Assist, e.g., opening the bottle of medicine/creams and passing to the person.
X - Supplementary notes

ONLY SIGN WHEN ACTUALLY ADMINISTERING MEDICATION
Carers Notes

Date	Time	Medication and dose	Detail	Signature

Appendix 7 - Medication Administration Check Sheet

The following is a list of checks you must have made before you initial/code the MAR each time of administration:

All checks below refer to the "6 Rights" within the Shared Lives Medication and Health Related Activities Policy

Right Person

Right Medication

Right Strength

Right Dose

Right Time

Right to decline

IMPORTANT:

If you make/notice an error/recording error, it is your responsibility to report this to your Shared Lives allocated worker as soon as possible

MAR Sheet/Pharmacy Printed label

- start date of MAR sheet
- date of administration on mar
- name of person
- name of medication
- strength of medication
- dose (amount of medication to be given and when)
- specific directions
- statutory warnings
- PRN directives

IMPORTANT:

The information on the pharmacy printed label must be the same as the

information recorded on the MAR sheet

Medication

- if medication is dispensed into foils packs inside a box, the batch number on the foil pack must match the batch number on the box.
- you have observed the person swallow their medication – if not, the correct code must be used and career note completed

Appendix 8 Shared Lives Sample Medication Administration Record Sheet

This sample MAR Sheet has been produced as a reminder of all the sections which must be completed.

Any known allergies. If the person has no known allergies then 'No known' must be recorded

Name and Address of person, date of birth and GP

Start **day** of the MAR

The start date of the MAR. These two start dates should match

A signature each time a medication is administered

The name, strength and form of medicine should be an exact copy of the dispensing label, along with the full dosage instructions (exactly as they appear on the label) and any additional instructions. Or the label from the pharmacy stuck in the appropriate box

Where a variable does of a medicine is prescribed e.g. 'take one or two tablets' The number of tablets administered should be recorded

A signature each time a medication is administered.
If for any reason the medicine is **not** administered the appropriate code should be entered, in place of a signature.
Codes will vary depending on the MAR sheet

Name: John Somebody | **Doctor:** Dr. Bones, The Medical Practice, Somewhere | **DOB:** 07/09/1973

Address: 4 High Street, Somewhere, Derbyshire | **Completed by:** JP

Allergies: None known | **Start Day:** Wednesday | **Start Date:** 21/07/2021 | **End Date:** 17/08/2021

		Week 1							Week 2							Week 3							Week 4						
	DATE	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Medication:	**Time**																												
Epilim crushable 100mg tabs	8AM	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP
2 to be taken Twice Daily	5PM	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP	JP
Quantity received: 56	**Sig:** JP	**Date:** 21/7/21							**Brought Forward:** 0				**Carried Forward:** 0			**Returned:** 0				**Sig:** JP			**Date:** 17/08/21						
Alendronic Acid 70 MG tablets	8AM					JP							JP							JP							JP		
Take 1 tablet WEEKLY																													
Quantity received: 56	**Sig:** JP	**Date:** 21/7/21							**Brought Forward:** 0				**Carried Forward:** 52			**Returned:** 0				**Sig:** JP			**Date:** 17/08/21						
PARACETAMOL 100 MG tablets	8AM					JP								JP															
TAKE ONE OR TWO AS REQUIRED.						2								2															
NO MORE THAN 8 PER DAY	5PM			JP																									
				1																									
Quantity received: 28	**Sig:** JP	**Date:** 21/7/21							**Brought Forward:** 12				**Carried Forward:** 35			**Returned:** 0				**Sig:** JP			**Date:** 17/08/21						

R - Refused. N - Not taken/offered. P - Prompt/remind. A - Assist. Z - PRN (When required/offered but not wanted. X - Supplementary notes (see over)

Quantity Received: The actual quantity received from the pharmacy should be recorded, then signed and dated

Brought Forward: The number of medication left over from the last 28 day MAR period which is still prescribed and in date

Carried Forward: This is the number of items to be carried forward from this MAR sheet, which is still prescribed and in date

Returned: This is the number of items which have been returned to the pharmacy for disposal

This should then be signed and dated as correct

Appendix 9 – Emergency Rescue Medication Protocol

Person Name:	
PIN:	DOB:
Name of Prescriber:	
Name and strength of prescribed rescue medication:	

Seizure Classification (if known)
Description of seizures which may require rescue medication: (Record all known physical and psychological symptoms of each seizure eg: Sudden drop, loss of consciousness, convulsions down both sides of body etc.
Usual duration of seizure:
Other useful information: (This could include triggers for seizures, warning signs and potential allergies etc.)
When should the rescue medication be administered? (Identify if after a certain length of time or after a number of seizures)
Initial dosage? (Prescribed number of mg/mls)

What is the usual reaction/s to the prescribed rescue medication?
If there are difficulties in administration, what action should be taken
Can a second dose of the rescue medication be administered? (If so provide details)
When should 999 be called? Immediately after initial administration YES / NO OR After…….. minutes post initial dose of prescribed rescue medication Other (provide details below):
Under what circumstances should the prescribed rescue medication not be used? (e.g. – other medication might have already been administered which could have contra indications
Maximum dose of the rescue medication to be administered in a 24-hour period:
Who needs to be informed post recovery? Prescribing Doctor:
Family / carers:

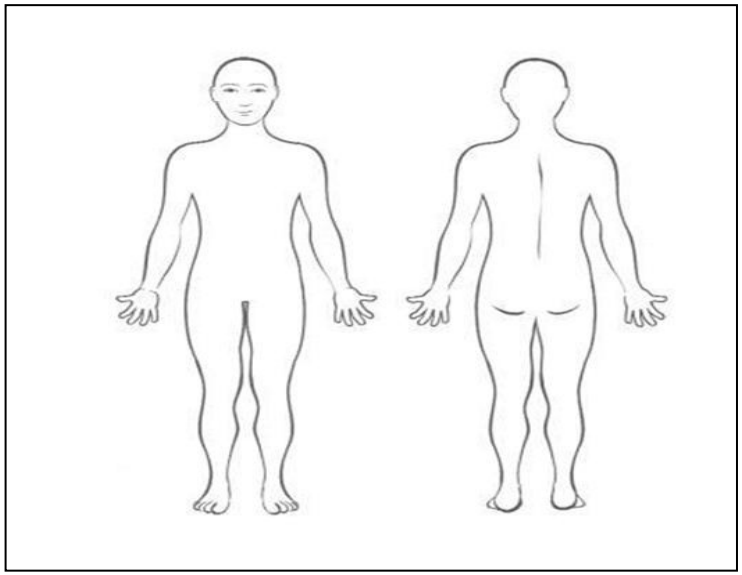
Other:

Recovery Plan:
Prescriber Name (Block capitals): Signature: Date:
Persons Signature (if able to consent): Date:
Family/Carer Name (if in person's best interest) (Block capitals): Signature: Date:

Appendix 10a – Creams Body Map

NB one body map per cream

Name:	**DOB:**
Room number:	**GP:**
Known allergies:	
Start date and day:	**Long term use/ short term use**
Completed by initial:	**Date:**
Witness initial:	**Date:**
Health Care Professional comment including date and signature (where required):	When to apply medication (if as required)



Medication Details (including statutory requirements)		**Day**	
		Date	
	Morning	Time	
		Initial	
	Lunch	Time	
		Initial	
	Tea	Time	
		Initial	
	Night	Time	
		Initial	

Key - **D** = Declined **N** = Not Required **L** = Social Leave **H** = Hospital **S** = Sleeping **D/C** = Discontinued **O** = Other

Carers Notes

Date/Time	Comment	Signature	Action taken (including date and signature)

Appendix 10b – Transdermal Patch Body Map

Name of Person:			
Name of Patch:		**Strength:**	

The patch should be checked on a daily basis to make sure it is still in place.

Below is a guide to rotating of sites but it does not replace your responsibility in ensuing you have all the information needed to use the patch correctly

	Fentanyl	**Butrans/ Butec**	**Transtec**	**Hyoscine**	**Rivastig mine**	**Rotigotin e**
Duration of use	72 hours	1 week	4 days	72 hours	24 hours	24 hours
Interval before reusing a site	1 week	3-4 weeks	1 week	72 hours	14 days	Use only the specific chart for rotigotine.
Number of sites on rotation	3 sites	4 sites	2 sites	2 sites	14 sites	

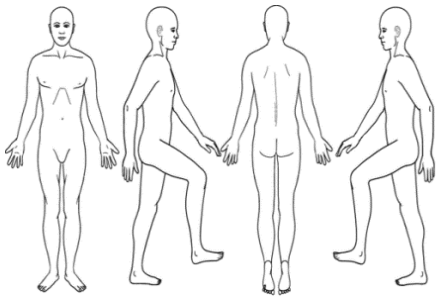
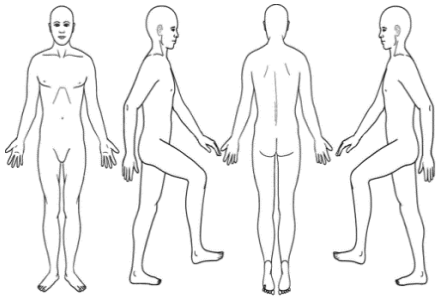
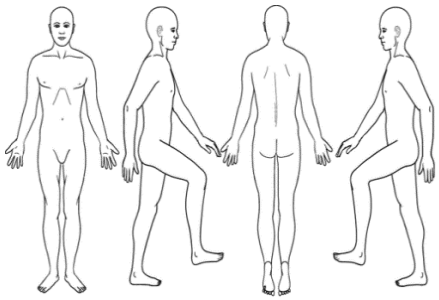
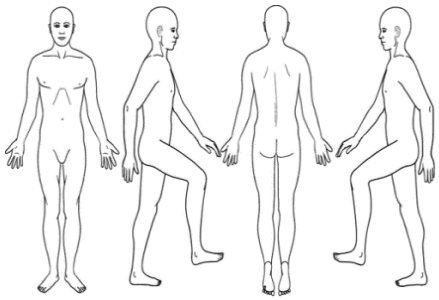
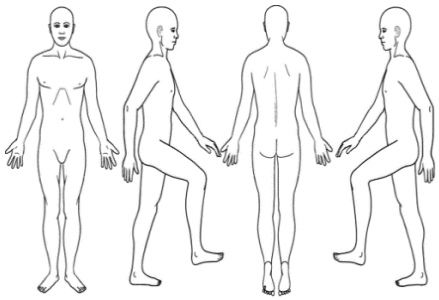
Patches should not be applied to bony prominent parts of the body and Hyoscine should be place behind the ear.

The old patch must be folded in half and stuck together before disposal, in accordance with the procedure.

Please indicate where the patch has been applied using a cross (**x**). If more than one patch is in use please indicate with a separate symbol, e.g., **o**

THIS DOES NOT REPLACE THE NEED TO RECORD ADMINISTRATION ON THE MAR

Transdermal Patch Body Map

	**Date new patch applied**		**Time**	
	Applied by			
	Date patch removed		**Time**	
	Removed by			
	**Date new patch applied**		**Time**	
	Applied by			
	Date patch removed		**Time**	
	Removed by			
	**Date new patch applied**		**Time**	
	Applied by			
	Date patch removed		**Time**	
	Removed by			
	**Date new patch applied**		**Time**	
	Applied by			
	Date patch removed		**Time**	
	Removed by			
	**Date new patch applied**		**Time**	
	Applied by			
	Date patch removed		**Time**	
	Removed by			

Appendix 11 – Shared Lives Allocated Worker MAR Monthly Audit

Audit of Medication Administration Record

1. Complete the 'Action' column in detail including realistic target dates and actions already carried out.
2. Re-audit as necessary.

Name of Carer:	Name of Person:
Start date of MAR sheet:	End date of MAR sheet:
Date MAR sheet received:	

Audit Questions	Yes/No N/A or O/A	Action	Date Actioned
1.Correct start date			
2.Drug allergies correctly recorded			
3.Quantity received signed and dated			
4.No. of tablets left matched balance expected on MAR			
5.Medicine labels match MAR sheet instructions			
6.All directions are clear			
7.Any mid-cycle changes are clear and accurate			
8.Handwritten additions are clearly written, signed, dated and countersigned			
9.Initials are clear so carer administering can be identified			
10. Correct codes are being used			
11. Variable amount doses that are administered are recorded appropriately			
12.The reason for non-administration is recorded appropriately			
13. The administration of all external preparations has been signed for (creams, lotions)			
14. The use of homely remedies has been recorded appropriately			
15.All medication has been administered in accordance with the directions			
Completed by: Signed: Date:			
Person Incident & Action Record completed on person's electronic record Y / N / NA			

Appendix 12 – Shared Lives Carer Error Report Form

Shared Lives carers should complete the following form **when a medication error is discovered**.

This information needs to be shared with your Shared Lives Allocated Worker as soon as possible following the discovery.

☐Administering. ☐Daily check. ☐Other

What was the primary reason for the error?

☐Recording error, Wrong person. ☐Wrong medicine. ☐Missed signature.

☐Wrong time ☐Omission. ☐Wrong dose/amount**.**

If Recording error

☐Error with stock carry forward. ☐Handwritten not counter signed. ☐Incorrect handwritten error

☐Other, please give details.

What was the secondary reason for the error (if appropriate)?

☐Recording error. ☐Wrong person. ☐Wrong medicine. ☐Missed signature.

☐Wrong time ☐Omission. ☐Wrong dose/amount.

Who made the error?

☐Prescriber. ☐Shared Lives Carer ☐DN/ANP. ☐Pharmacy.

☐Other, please give details for the person/pharmacy

Time of administration.

☐Morning. ☐Lunch. ☐Tea. ☐Evening. ☐Other please give details.

Which medicine does this relate to?

☐Topical/cream. ☐Controlled drugs. ☐Capsule/tab/liquid. ☐Inhaler/spray

☐Eye drops. ☐Rescue medication. ☐Injection.

Name of medication:

Strength:

Dose:

Immediate Action.

☐Contacted GP/ANP. ☐Phoned 999. ☐Phoned 111. ☐ Contacted pharmacist. ☐Admitted to hospital ☐Informed manager ☐ Recording error only. ☐Informed family.

☐Monitoring of person health informed.

Give details of the above action taken:

Procedure	Will we do it?	What will we do?	What we won't
Tablets/capsules	Yes: • include as part of a care package • appropriate assessments are in place • MAR in place • medication is dispensed into pharmacy filled compliance aids or in original containers • medication is clearly labelled by the pharmacist • refer to main policy if a PRN protocol is required	• hand the container to the person to self-administer • prompt the person to remind them to take their medication • administer the dose when the person is unable to self-administer • place the dose into a container • dissolve tablets in water as per instructions on the original container • if agreed, cut tablets in half using a proper tablet cutter • its good practice to use a health care professional confirmation method if additional directions are required •	• accept any change to medication unless it is clearly identified on the MAR, and signed by a health care professional and double signed by a suitable witness • Assist the person/family to pre-fill or **administer** from a compliance aid (non-pharmacy) • Provide assistance with any over the counter / herbal medicines unless advised by the Health Care Professional. Crush tablets unless: • there is no suitable alternative • it is carried out with the written authority of a relevant health care professional

Liquid/powdered medicines	Yes: • included as part of a care package • appropriate assessments are in place • MAR in place. • medication is clearly labelled by the pharmacist • refer to main policy if a PRN protocol is required	• hand the medication to the person to self-administer • administer the dose when the person is unable to self-administer • measure out the dose into a measuring utensil • prepare a powdered medicine as per instructions on the original container	• accept any change to medication unless it is clearly identified on the MAR, and signed by a health care professional and double signed by a suitable witness • Provide assistance with any over the counter / herbal medicines unless advised by the Health Care Professional.
Topical	Yes: • MAR in place for each topical • Refer to medication procedure for PRN protocol if required	• Hand the to the person to self-administer. • We will apply when the person is unable to self-administer • Allow time between each different topical	• Provide assistance with any over the counter / herbal medicines unless advised by the Health Care Professional.
Eye, ear and nose drops/ointments	Yes: • included as part of a care package • MAR in place • appropriate assessments are in place • generic training/information by an agreed provider •	• prompt to remind person to self-administer • place drops into compliance aids for person to self-administer • administer the drops when all other options have been explored • leave sufficient time between each different medication.	• provide assistance with any over the counter/herbal medicines unless advised by the relevant health care professional and appropriate assessments are in place

Transdermal patches (including pain relief)	Yes: • included as part of a care package • appropriate assessments are in place • MAR in place. • in the original container and clearly labelled by the pharmacist • body map in place	• take out of the package for the person to apply • apply the patch • dispose of the patch	• Cut the patch • Write on the patch
Injection via a syringe	No	• Hand the syringe to the person to self-administer. • Pass the sharps bin to the person to deposit the used syringe. • Check amount drawn up by person •	• Draw medication up into the syringe. • Inject with a syringe
Tens machine	In exceptional circumstances when it has been prescribed by the GP or other relevant professional: • included as part of a package • appropriate assessments are in place • training by a relevant health care professional has been provided and staff have been signed off as competent	• Follow guidance provided as to the placement of the pads and intensity setting • we will provide assistance to support the person to apply the pads where required	• make any judgements where the pain relief will be set • provide support where persons have purchased the machine themselves

Emergency rescue medication applied inside the mouth e.g. Buccal, Midazolam, GTN	Yes: • Appropriate assessments are in place • MAR in place • Generic training/information by an agreed provider • Individual specific training by a relevant health care professional to discuss the emergency rescue medication protocol • Protocol reviewed regularly (where appropriate).	• Apply the medication when required • Alert emergency services • Monitor condition.	• Administer without a protocol
VNS (Vagus nerve stimulation)	Yes: • Appropriate assessments are in place • MAR in place • Individual specific training by a relevant health care professional to discuss the emergency rescue protocol • Protocol reviewed regularly	• Use when required • Alert emergency services • Monitor condition.	• Use without a protocol • **adjust or reprogram** the internal VNS generator settings.
Catheter care (In-dwelling) (Suprapubic)	Yes: • included as part of a care package • monitored by DN • appropriate assessments are in place • training by a relevant health care professional has been provided • staff have been signed off as competent.	• keep the area clean where the catheter enters the body • attach the night bag to the day bag • empty the bags • flush out the empty catheter bag	• provide personal care where there is evidence of infection or soreness to the entry site • insert or remove catheters • make judgements on a person's health

Flip-flo catheter	Yes: • Monitored by health care professional • Plan in place Training/information has been provided by a health care professional	• Follow plan as set by health care professional • Inform health care professional of any concerns	• Insert or remove catheter
Sheath catheters	This is not a preferred method of managing continence	• If this is a request the Allocated Worker must complete a risk assessment and refer to Quality and Compliance for further guidance	
Anticoagulants e.g. Warfarin	Yes: • included as part of a care package • appropriate assessments are in place • MAR sheet in place	• adjust the dose following instruction recorded in the 'yellow book' • place the dose into a container • hand the container to the person to self-administer • we will administer the dose when the person is unable to self- administer • prompt the person to remind them to take their medication	• offer support from any compliance aid • write any information regarding dosage in the 'yellow book'
Stoma care / Colostomy bags	Yes: • included as part of a care package • monitored by DN • appropriate assessments are in place • Training/information by a relevant health care professional has been provided • Staff have been signed off as	• promote a person's independence in the management of stoma /colostomy care • support with the removal of the bag, cleaning the area and applying the new bag • report any change in appearance of the site, surrounding area and bodily fluids no matter how small to	• provide assistance where there is evidence of infection or soreness to the site without direct instruction from the health care professional. • make judgements on a person's health

	competent where there is a specific type of stoma and appliance being used.	the DN/Shared Lives	
Blood Glucose Monitoring	Yes: • Monitored by health care professional • Training by a relevant health care professional has been provided • Staff have been signed off as competent	• Test/monitor/record the person's glucose/sugar levels and inform the relevant health care professional of the outcome. • Use the person's personal prescribed equipment. • Calibrate Blood Glucose Monitors as per manufacturer instructions. •	• Test anybody who does not have the prescribed equipment. • Make any judgement on the treatment required.
Pre-filled autoinjector pen e.g. insulin Pen	Yes: • Administer as per instruction from health care professional • Training by a relevant health care professional has been provided • Staff have been signed off as competent	• Adjust the dosage on the pen following instruction from health care professional/prescription • Hand the pen to the person to self-administer. • Administer from the pen • Pass the sharps bin to the person to deposit the used syringe (if required) or unscrew and dispose. • Remove and replace the cover on the pens	• Re-sheath the needle

		• Use the person's personal prescribed equipment. •	
EpiPen	Yes: • Appropriate risk assessments are in place • Training provided as part of first aid training • Recorded on PSP • MAR sheet in place	• Administer from the pen • Contact emergency services.	• Make any further judgements on the treatment required.
Heparin e.g. Tinzaparin prefilled syringe	Yes: • MAR in place. • Training by a relevant health care professional has been provided • Staff have been signed off as competent	• Hand the syringe to the person to self-administer. • Administer from the prefilled syringe • Pass the sharps bin to the person to deposit the used syringe. • Remove and replace the cover on the pens •	
Open wounds	No	• Inform health care professional of any wounds • Inform health care professional of any changes	
Medication applied to gums/inside of mouth	Yes: • included as part of a care package • appropriate assessments are in place • MAR in place • training by a health care professional where appropriate	• support the person to self-administer • rub medication onto the affected/appropriate area of the mouth	• administer the medication where there is a risk of harm to the employee due to behavioural difficulties

Nebuliser	Yes: • included as part of a care package • appropriate assessments are in place • MAR in place • training by a health care professional where appropriate	• Follow the guidance by the health care professional by setting up and administering • Clean as per instruction • Report any changes or concerns to the healthcare professional/Shared Lives	• Make any judgements or changes without direction
Enteral feeding (PEG, NG, RIG, NJ)	Yes: • Appropriate assessments are in place • MAR in place where prescribed liquids are fed into the PEG • Training by a relevant health care professional has been provided • Staff have been signed off as competent. • Follow written guidance by health care professionals	• Ensure tubes are clean and running free. • Attach a feed. • Insert drinks into the tube using the correct utensils provided. • Detach and dispose of the empty feed container. • Clean the site area when required. • Report to the health care professional any problems identified	• Make decisions about the quantity, content and speed of the feed provided. • Rectify any faults identified with the feed apparatus.

Enteral Medication (PEG, NG, RIG, NJ)	Yes: • Appropriate assessments are in place • MAR in place • Training by a relevant health care professional has been provided • Staff have been signed off as competent. • Follow written guidance by health care professionals	• Ensure tubes are clean and running free. • Clean the site area when required. • Senior person on duty insert medication into the tube as per MAR sheet using the utensils provided. • Will prepare medication in the way directed by the health care professional. • Report to the health care professional any problems identified.	• Make decisions about the quantity, content and speed of the feed provided. • Rectify any faults identified with the feed apparatus. • Deviate from the instructed medication administration guidance given by the health care professional. • Crush tablets unless it is carried out with the written authority of a GP or relevant health care professional.
Anal medication applied internally including suppositories.	No	• assist the DN by supporting the person during the procedure	
Thickeners (drinks)	Yes: • included as part of a care package • appropriate assessments are in place • training by a relevant health care professional has been provided.	• make up the drink as specified by clear instructions on the box, container label or the relevant health care professional • assist the individual to drink from a cup or spoon if required	• supplement the drink on advice from anyone other than a relevant medical professional which must be recorded

Support stockings	Yes: • included as part of a care package • appropriate risk assessments are in place • training by a relevant health care professional specific or generic as required	• assist individuals to apply the stockings with or without the use of compliance aides as appropriate	• apply stockings where there are areas of broken skin
Vaginal creams	Yes: • included as part of a care package • appropriate assessments are in place • MAR sheet in place	• apply external cream as directed on the pharmacist label • record and report any change in condition of the treated area to DN/Shared Lives as appropriate	• apply internal creams
Pessaries or vaginal suppositories	No	• assist the DN by supporting the person during the procedure	
Trusses	Yes • included as part of a care package • appropriate risk assessments are in place • training by a relevant health care professional specific or generic as required	• assist the person to apply the truss as per direction of the health care professional • ensure the person is comfortable with the appliance • report and record any difficulties experienced by the person or staff member in applying the truss • monitor for any sore areas and report to DN/Shared Lives	• adjust the truss or change the application without direction from health care professional

Callipers	Yes: • included as part of a care package • appropriate assessments are in place • training by a relevant health care professional specific or generic as required	• assist the person to apply the calliper per direction of the health care professional/person • ensure the person is comfortable with the calliper • report and record any difficulties • experienced by the person or staff member in applying the calliper	
Oxygen	Yes: • included as part of a care package • appropriate assessments are in place • training by a relevant health care professional specific or generic as required • 'fit' tests for masks carried out where required	• assist the person to fit the mask/tube • switch the machine on or off as required • notify the health care professional when pressure gauge indicates the contents of the cylinder are running low	• make any decision as to when the oxygen is or is not required • set any controls to regulate the flow of oxygen • change oxygen cylinders
Inhaler	Yes: • included as part of a care package • appropriate risk assessments are in place • generic training or by a relevant health care professional specific as required.	• Assist the person in constructing a compliance aid for self-administering • Insert the capsules into the device as directed on the MAR • Assist the person to use the inhaler by holding on to the device where dexterity is poor and pressing the inhaler to dispense the appropriate dose	• Make decisions on when required inhalers. • Guidance must be sought from the appropriate health care professional.

		as defined on the MAR • Follow PRN protocol for when required inhalers • Leave correct/reasonable time between each single dose. • Metered dose inhalers must be cleaned weekly with warm water and left to air dry overnight • Spacers must be cleaned weekly in warm, soapy water and left to air dry. • Dry powder inhalers should only be wiped with a dry cloth	
Prosthetics	Yes: • Appropriate assessments are in place • Training by a relevant health care professional specific or generic as required.	• Assist the person to apply the prosthetic as per direction of the health care professional/person. • Ensure the person is comfortable with the prosthetic. • Report and record any difficulties experienced by the person or staff member in applying the prosthetic.	
Ocular Prosthesis (false eye)	Yes: • This is not a procedure we would undertake without prior discussion. • Where there is a plan	• If this is a request the Allocated Worker must complete a risk assessment and refer to the person's relevant health care professional for further guidance • Remove and insert eye	• Make any judgements on the treatment required

		• Clean the eye and socket using correct procedures and solution. • Refer concerns to relevant health care professional	
Monitor Blood Pressure	Yes: • Appropriate assessments are in place • Carried out when requested by the health care professional • Generic training by an agreed provider • Individual specific training by a relevant health care professional and staff to be signed off as competent	• Take the readings under the guidance of the health care professional • Record and monitor the readings and report any changes to the health care professional	• Make any judgements on the treatment required
Digital Temperature Monitoring	Yes: • Follow infection control procedures • Appropriate assessments are in place • Carried out when requested by the health care professional	• Take the readings under the guidance of the health care professional • Record the readings and report to the health care professional • Calibrate the Thermometer as per manufacturer instructions	• Make any judgements on the treatment required
Oximeter	Yes: • Follow infection control procedures • Appropriate assessments are in place • Carried out when requested by the health care professional	• Take the readings under the guidance of the health care professional • Record the readings and report to the health care professional	• Make any judgements on the treatment required

Compression wraps (e.g. Farrow wraps)	Yes: • Appropriate information and assessments are in place • Training is provided by a relevant health care professional.	• Follow the guidance provided by the healthcare professional • Only the equipment provided • Report any changes or concerns to the healthcare professional/Shared Lives	• Make any changes to the guidance • Use equipment not provided by the healthcare professional
CPAP (continuous positive airway pressure) machine	Yes: • Individualised care plan in place • Training by a health care professional provided (where providing support)	• Follow plan regarding setting, mask and equipment • Risk assessment in place • Carry out equipment checks and cleaning	• Report repeated refusal to use • Make any judgements or changes without direction
Spinal support e.g. medical corset	Yes: • Appropriate assessments are in place • Carried out when requested by the health care professional • Generic training/guidance by an agreed provider	• Follow the guidance provided by the healthcare professional • Only the equipment provided • Report any changes or concerns to the healthcare professional/Shared Lives	• Make any changes to the guidance • Use equipment not provided by the healthcare professional